



## SUPPLEMENTAL APPLICATION DATA SHEET

### **Application Information**

Application Number:: 10/792,273  
Filing Date:: March 4, 2004  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R:: None  
Number of CD Disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF)?::  
Number of Copies of CRF::  
Title Line One:: Improved Bioavailability and Improved Delivery  
Title Line Two:: of Alkaline Pharmaceutical Drugs  
Attorney Docket Number:: 59210.000046  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 0  
Small Entity?:: Yes  
Petition Included?:: No  
Petition Type::  
Licensed US Government Agency:: No  
Contract or Grant Numbers::  
Secrecy Order in Parent Application?:: No

**Applicant Information**

Applicant One Authority Type:: Inventor  
Primary Citizenship:: US  
Country:: US  
Status:: Full Capacity

Applicant One Given Name:: Ruey  
Middle Name:: J.  
Family Name:: Yu  
Name Suffix::  
City of Residence:: Chalfont  
State or Province of Residence:: PA  
Country of Residence:: US  
Street of Mailing Address Line One:: 655 Stump Road  
Street of Mailing Address Line Two::  
City of Mailing Address:: Chalfont  
State or Province of Mailing Address:: PA  
Country of Mailing Address:: US  
Postal or Zip Code:: 18914

Applicant Two Authority Type:: Inventor  
Primary Citizenship:: US  
Country:: US  
Status:: Full Capacity

Applicant Two Given Name:: Eugene  
Middle Name:: J.  
Family Name:: Van Scott

Name Suffix::  
City of Residence:: Abington  
State or Province of Residence:: PA  
Country of Residence:: US  
Street of Mailing Address Line One:: 3 Hidden Lane  
Street of Mailing Address Line Two::  
City of Mailing Address:: Abington  
State or Province of Mailing Address:: PA  
Country of Mailing Address : US  
Postal or Zip Code:: 19001

#### **Correspondence Information**

Correspondence Customer No.: 21967  
Name::  
Street of Mailing Address Line One::  
Street of Mailing Address Line Two::  
City of Mailing Address:  
State or Province of Mailing Address::  
Country of Mailing Address::  
Postal or Zip Code::  
Telephone Number::  
Facsimile Number::  
E-Mail Address::

#### **Representative Information**

Representative Customer Number:: 21967

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
---------------	-------------------	----------------------	----------------------

This Application	An application claiming the benefit under 35 USC 119(e)	60/452,557	03/07/2003

### Foreign Priority Information

Country:	Application Number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee Name::

Street of Mailing Address Line One::

Street of Mailing Address Line Two::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code::